2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000002350

1. Entity Name
RLA HOLDINGS, LLC

Principal Place of Business	Mailing Address
410 CHAMBERS STREET EUGENE, OR 97402	410 CHAMBERS STREET EUGENE, OR 97402

DO NOT WRITE IN THIS SPACE

03052004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U000000085499
03/11/04-80050-008 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ANDERSON, RONALD L
STREET ADDRESS	410 CHAMBERS STREET
CITY-ST-ZIP	EUGENE, OR 97402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Ronald L. Anderson_ _____   03/08/04   541-686-0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #